

**IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI
SECOND JUDICIAL DISTRICT**

**JOHN DOE AND JANE DOE, NATURAL PARENTS,
NEXT FRIENDS AND DULY-APPOINTED GUARDIANS
OF JAMES DOE, A MINOR**

PLAINTIFFS

V.

CIVIL ACTION NO. 18-4

**KELLY PEOPLES, ADAM PEOPLES, PEOPLES
CONSTRUCTION CORPORATION AND
UNKNOWN INSURANCE COMPANIES 1-10**

DEFENDANTS

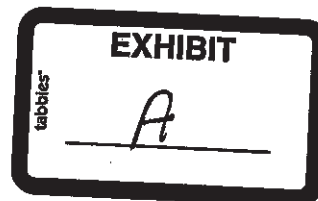
COMPLAINT FOR DECLARATORY JUDGMENT

*****JURY TRIAL REQUESTED*****

COME NOW Plaintiffs, John Doe and Jane Doe, Individually, and as Natural Parents, Next Friends and Duly-Appointed Guardians of James Doe, a Minor, by and through counsel, pursuant to Rule 57 of the Mississippi Rules of Civil Procedure, and file this, their action for declaratory judgment against Kelly Peoples, Adam Peoples, Peoples Construction Corporation and Unknown Insurance Companies 1-10, and for cause of action against said Defendants would respectfully show unto the Court the following, to-wit:

PARTIES

1. Plaintiffs, John Doe and Jane Doe, are the Natural Parents, Next Friends, and Duly-Appointed Guardians of James Doe, a Minor, and are adult resident citizens of Rankin County, Mississippi. James Doe is a minor child who was born on XX/XX/2002, and who resides with his father in Rankin County, Mississippi.



2. Defendant Kelly Peoples is an adult resident citizen of Hinds County, Mississippi, who may be served with process of this Honorable Court, pursuant to Rule 4 of the Mississippi Rules of Civil Procedure, by delivering a copy of the Summons and Complaint to her at her place of residence at 1206 Suzanna Drive, Raymond, Mississippi or wherever she may be found.

3. Defendant Adam Peoples is the husband of Kelly Peoples and is an adult resident citizen of Hinds County, Mississippi, who may be served with process of this Honorable Court, pursuant to Rule 4 of the Mississippi Rules of Civil Procedure, by delivering a copy of the Summons and Complaint to him at his place of residence at 1206 Suzanna Drive, Raymond, Mississippi or wherever he may be found.

4. Defendant Peoples Construction Corporation (hereinafter "PCC") is a Mississippi corporation which may be served with process of this Court by serving a copy of the Summons and Complaint upon its registered agent for service of process, Jeffrey H. Peoples, 3913 Underwood Drive, Flowood, Mississippi 39232, in accordance with Rule 4 of the Mississippi Rules of Civil Procedure.

5. Defendants Unknown Insurance Companies 1-10 are fictitious parties whose true names are unknown to Plaintiffs who, therefore, sue same by these fictitious names. These fictitious Defendants may provide insurance coverage for the facts and occurrences set forth herein. These unidentified Defendants are named in this civil action pursuant to Rule 9(h) of the Mississippi Rules of Civil Procedure and will be identified and named when their identities become known to Plaintiffs. All allegations and claims asserted herein against Kelly Peoples, Adam Peoples and PCC are incorporated by reference against Unknown Insurance Companies 1-10.

JURISDICTION AND VENUE

6. This Court has jurisdiction over this proceeding, pursuant to the laws of the State of Mississippi including, but not limited to, Miss. Code Ann. §9-7-81 (1972), as amended. In accordance with Miss. Code Ann. §11-11-3 (1972), as amended, this Court is an appropriate venue for said proceeding, as Hinds County, Mississippi is where a substantial act and/or omission occurred. Further, a substantial event that caused, and continues to cause, injury to Plaintiffs and their ward occurred in Hinds County, Mississippi.

NATURE OF ACTION

7. This is a Complaint for Declaratory Judgment filed pursuant to Rule 57 of the Mississippi Rules of Civil Procedure, as it involves an actual, real and substantial controversy, justiciable in character, touching upon the legal relationships of parties having adverse legal interests, requesting specific relief through a decree conclusive in character involving the respective rights, duties and liabilities of the parties hereto under policies of homeowner's, business, automobile, umbrella or other insurance.

GENERAL ALLEGATIONS

8. At all times relevant herein, Plaintiffs allege that Defendants Kelly Peoples, Adam Peoples and/or PCC were insureds under policies of insurance issued by Unknown Insurance Companies 1-10. When said policies are produced, true and correct copies of the policies will be attached as exhibits to this Complaint with the terms and conditions incorporated herein by reference.

9. On October 28, 2017, Plaintiffs filed their Complaint against Kelly Peoples, Peoples Construction Corporation and Jack and Jean Does 1-10 in the Circuit Court of Rankin County,

Mississippi. A true and correct copy of said Complaint is attached hereto and made a part hereof as Exhibit "A," and its stated facts and allegations are incorporated herein by reference as if copied in full.

10. Some of the acts complained of in the Complaint took place in the home of Kelly Peoples and Adam Peoples at 1206 Suzanna Drive, Raymond, Mississippi. Upon information and belief, the home of Kelly Peoples and Adam Peoples is insured by one or more Unknown Insurance Companies 1-10.

11. Some of the acts complained of in the Complaint took place in a vehicle owned by Kelly Peoples, Adam Peoples, and/or PCC. Upon information and belief, this vehicle is insured by one or more Unknown Insurance Companies 1-10.

12. Plaintiffs submit that by reason of the acts set forth in Exhibit "A" and each of them, or alternatively, because of any of the acts set forth in Exhibit "A," Defendants Kelly Peoples, Adam Peoples and PCC are insured by policies of insurance issued by Unknown Insurance Companies 1-10.

13. Plaintiffs have no adequate remedy at law or in equity, other than this action, to ascertain as a matter of law the coverage obligations of Unknown Insurance Companies 1-10 and the respective obligations, duties and responsibilities, if any, of said companies to Defendants Kelly Peoples, Adam Peoples and Peoples Construction Corporation for the acts alleged in Exhibit "A." Otherwise, Plaintiffs will be subject to further litigation and may suffer irreparable damage therefrom.

14. Since actual and bona fide disputes have arisen as to the liability of Defendants under the contracts of insurance described herein, Plaintiffs desire to avail themselves of the provisions of Rule 57 of the Mississippi Rules of Civil Procedure to resolve all disputes and to avoid a multiplicity

of actions.

15. Plaintiffs are parties whose interests may be materially affected by the determination of the issues herein.

WHEREFORE, PREMISES CONSIDERED, Plaintiffs, John Doe and Jane Doe, Individually, and as Natural Parents, Next Friends and Duly-Appointed Guardians of James Doe, a Minor, respectfully pray that after due proceedings are had, this Court will enter a judgment declaring:

- (a) That Unknown Insurance Companies 1-10 have a duty to pay any sum whatsoever that may be awarded to Plaintiffs, in light of the acts described in the pleadings attached hereto and made a part hereof as Exhibit "A," under the terms and provisions of the aforementioned policies of insurance, true and correct copies of which will be attached hereto and made a part hereof as exhibits when same are produced,;
- (b) That Plaintiffs be awarded attorney's fees and all costs in this action;
- (c) Alternatively, and without waiving the foregoing, Plaintiffs respectfully pray that should this Court find such liability coverage to exist or potentially exist hereafter, this Court will enter a judgment declaring the extent of liability coverage available to Plaintiffs and the basis for such coverage under the policy;
- (d) Plaintiffs pray for a speedy hearing on this action and request that the Court order that this action be advanced on the trial calendar, pursuant to Rule 57 of the Mississippi Rules of Civil Procedure; and
- (E) Plaintiffs pray for such other relief, both general and specific, as this Court may deem

just and proper in the premises.

THIS, the 31st day of January, 2018.

Respectfully submitted,

**JOHN DOE AND JANE DOE,
INDIVIDUALLY AND AS NATURAL
PARENTS, NEXT FRIENDS AND DULY-
APPOINTED GUARDIANS OF JAMES
DOE, A MINOR**

By: 

KEITH D. OBERT, ESQ. (MSB #3902)
WILLIAM F. BROWN, ESQ. (MSB #8830)

By: 

CHARLES H. KEETON, ESQ. (MSB #8975)

OF COUNSEL:

OBERT LAW GROUP, P.A.

Post Office Box 2081

Madison, Mississippi 39130-2081

750 Avignon Drive, Suite 1

Ridgeland, Mississippi 39157

Telephone: (601) 856-9690

Facsimile: (601) 856-9686

Email: obertlaw@bellsouth.net

CHARLES H. KEETON, ESQ.

115 Builder's Square Drive

Brandon, Mississippi 39042

Telephone: (601) 829-0051

Facsimile: (601) 829-0692

Email: keetonlaw@bellsouth.net

ATTORNEYS FOR PLAINTIFFS

\\SERVER\obert\KDOFILES\Doc Rankin\Declaratory Judgment\Pleadings\Complaint wfb rev 01312018(1).wpd

Case: 25CI2:18-cv-00004-WAG Document #: 1-1 Filed: 02/02/2018 Page 1 of 3

COVER SHEET		Court Identification Docket #		Case Year	Docket Number
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="display: flex; justify-content: space-around;"> <div>County # <u>05</u></div> <div>Judicial District <u>02</u></div> <div>Court ID (CH, CI, CO) <u>00</u></div> </div>		<u>2018</u>	<div style="display: flex; justify-content: space-around;"> <div><u>02</u></div> <div><u>02</u></div> <div><u>18</u></div> </div>
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2016)		This area to be completed by clerk	
In the CIRCUIT		Court of <u>HINDS</u>		County — <u>SECOND</u>	Judicial District
Origin of Suit (Place an "X" in one box only) <input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Reinstated <input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Other <input type="checkbox"/> Remanded <input type="checkbox"/> Reopened <input type="checkbox"/> Joining Suit/Action <input type="checkbox"/> Appeal					
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form Individual <u>Doe</u> Last Name <u>John</u> First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____ Estate of _____ Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____ D/B/A or Agency _____ Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated _____ Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: _____ D/B/A _____ Address of Plaintiff _____ Attorney (Name & Address) <u>Keith D. Obert, Esq. P.O. Box 2018, Madison, MS 39130</u> MS Bar No. <u>3902</u> Check (x) if Individual Filing Initial Pleading is NOT an attorney Signature of Individual Filing: _____					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form Individual <u>Peoples</u> Last Name <u>Kelly</u> First Name Maiden Name, if applicable M.I. Jr/Sr/III/IV Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____ Estate of _____ Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____ D/B/A or Agency _____ Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated _____ Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: _____ D/B/A _____ Attorney (Name & Address) - If Known _____ MS Bar No. _____					
Check (x) if child support is contemplated as an issue in this suit.* *If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other _____ Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other _____	Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other _____ Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (Involuntary)	<input type="checkbox"/> Alcohol/Drug Commitment (Voluntary) <input type="checkbox"/> Other _____ Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other _____ Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other _____ Contract <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other _____ Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input checked="" type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other _____	Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other _____ Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other _____		

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPISECOND JUDICIAL DISTRICT, CITY OF _____Docket No. 2018 4
File Yr Chronological No. Clerk's Local IDDocket No. If Filed
Prior to 1/1/94 _____PLAINTIFFS IN REFERENCED CAUSE - Page 1 of ____ Plaintiffs Pages
IN ADDITION TO PLAINTIFF SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Plaintiff #2:

Individual: Doe Jane (_____) Jr/Sr/III/IV
Last Name First Name Maiden Name, if Applicable Middle Init.

____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: 3902 Bar # or Name: Keith D. Obert, Esq. Pro Hac Vice (✓) Not an Attorney(✓) _____

Plaintiff #3:

Individual: _____ (_____) Jr/Sr/III/IV
Last Name First Name Maiden Name, if Applicable Middle Init.

____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) Not an Attorney(✓) _____

Plaintiff #4:

Individual: _____ (_____) Jr/Sr/III/IV
Last Name First Name Maiden Name, if Applicable Middle Init.

____ Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS PLAINTIFF: _____ Bar # or Name: _____ Pro Hac Vice (✓) Not an Attorney(✓) _____

IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPISECOND JUDICIAL DISTRICT, CITY OF _____Docket No. 2018 7
File Yr Chronological No. Clerk's Local IDDocket No. If Filed
Prior to 1/1/94 _____**DEFENDANTS IN REFERENCED CAUSE - Page 1 of ____ Defendants Pages
IN ADDITION TO DEFENDANT SHOWN ON CIVIL CASE FILING FORM COVER SHEET****Defendant #2:****Individual:** Peoples Adam (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business _____
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____**Defendant #3:****Individual:** _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business Peoples Construction Corporation
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the name above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____**Defendant #4:****Individual:** _____ (_____) _____
Last Name First Name Maiden Name, if Applicable Middle Init. Jr/Sr/III/IV

____ Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style:

Estate of _____

____ Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency, and enter that name below:

D/B/A _____

Business Unknown Insurance Companies 1-10
Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

____ Check (✓) if Business Defendant is being sued in the name of an entity other than the above, and enter below:

D/B/A _____

ATTORNEY FOR THIS DEFENDANT: _____ Bar # or Name: _____ Pro Hac Vice (✓) ____ Not an Attorney(✓) ____